SEP 2 6 2005 SUB-

PTO/SB/22 (12-04)
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|   | ENSION OF TIME UNDER 3 FY 2005 Consolidated Appropriations Act,   | Docket Number (Optional)<br>UDK-0022 |                                    |             |  |  |  |  |  |  |
|---|---|--------------------------------------|------------------------------------|-------------|--|--|--|--|--|--|
| Application Number  |   | Filed Ap                             | oril 22, 2004                      |             |  |  |  |  |  |  |
| Application Number 10/829,225-Conf. #5945 Filed April 22, 2004  For JOINING METHOD  |   |                                      |                                    |             |  |  |  |  |  |  |
| Art Unit 1733   |   |                                      | Examiner                           | J. L. Brown |  |  |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |                                      |                                    |             |  |  |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                                      |                                    |             |  |  |  |  |  |  |
| X One mont  | h (37 CFR 1.17(a)(1))   | <u>Fee</u><br>\$120                  | Small Entity Fee<br>\$60           | \$ 120.00   |  |  |  |  |  |  |
|   | hs (37 CFR 1.17(a)(2))  | \$450                                | \$225                              | \$          |  |  |  |  |  |  |
| Three months (37 CFR 1.17(a)(3))  Four months (37 CFR 1.17(a)(4))   |   | \$1020                               | \$510                              | \$          |  |  |  |  |  |  |
|   |   | \$1590                               | \$795                              | <b>\$</b>   |  |  |  |  |  |  |
| Five months (37 CFR 1.17(a)(5)) \$2160  |   |                                      | \$1080                             | \$          |  |  |  |  |  |  |
| A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. I have enclosed a duplicate copy of this sheet. |   |                                      |                                    |             |  |  |  |  |  |  |
| I am the  | applicant/inventor. assignee of record of the entil Statement under 37 CFR attorney or agent of record. F | 3.73(b) is enclosed                  | . (Form PTO/SB/96).                |             |  |  |  |  |  |  |
| x   | attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34                     |                                      | 40,949                             | ·           |  |  |  |  |  |  |
|   |   |                                      | September 26, 2005                 |             |  |  |  |  |  |  |
| Signature   |   |                                      | Date                               |             |  |  |  |  |  |  |
| Lee Cheng   |   |                                      | (202) 955-3750<br>Telephone Number |             |  |  |  |  |  |  |
| NOTE: Signatures of all than one signature is requ  | Typed or printed name ne inventors or assignees of record of the ired, see below.  1 forms are submi      | ·                                    | ·                                  |             |  |  |  |  |  |  |

09/28/2005 HALI11 00000104 180013 10829225 01 FC:1251 120.00 DA

SEP 2 6 2005 U

Lee Cheng

Name (Print/Type)

PTO/SB/17 1/2-04V2)

Approved for use through 7/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

September 26, 2005

| Dro Barry Brogger Redu   | uction Act of 1995. | no person are required to        | U.S. Pater<br>respond to a collection | nt and Tradema | ark Office; U.S. DEP<br>an unless it displays | ARTMENT OF a valid OMB or | COMMERCE ontrol number. |  |  |  |
|--|---------------------|----------------------------------|---------------------------------------|----------------|---|---------------------------|-------------------------|--|--|--|
|  | Complete if Known   |                                  |                                       |                |   |                           |                         |  |  |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005  |                     |                                  | Application Number                    |                | 10/829,225-Conf. #5945                        |                           |                         |  |  |  |
|  |                     |                                  | Filing Date                           |                | April 22, 2004                                |                           |                         |  |  |  |
|  |                     |                                  | First Named Inventor                  |                | Shinji Suzuki                                 |                           |                         |  |  |  |
|  |                     |                                  | Examiner Name                         |                | J. L. Brown                                   |                           |                         |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                     |                                  | Art Unit                              |                | 1733  |                           |                         |  |  |  |
| TOTAL AMOUNT OF PA   | Attorney Docket     | Attorney Docket No. UDK-0022     |                                       |                |   |                           |                         |  |  |  |
| METHOD OF PAYMEN   | IT (check all the   | nat apply)                       | ·                                     |                |   |                           |                         |  |  |  |
| Check Credit Card Money Order None Other (please identify):  |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC   |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee               |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17                      |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| FEE CALCULATION  | 37 CFK 1.10 a       | 110 1.17                         |                                       |                |   |                           |                         |  |  |  |
| 1. BASIC FILING, SEARC   | H, AND EXAM         | INATION FEES                     |                                       |                |   |                           |                         |  |  |  |
|  |                     |                                  | ARCH FEES                             | EXAMIN.        | ATION FEES                                    |                           |                         |  |  |  |
| Application Type   | Fee (\$)            | Small Entity<br>Fee (\$) Fee (\$ | Small Entity Fee (\$)                 | Fee (\$)       | Small Entity<br>Fee (\$)                      | Fees Pa                   | id (\$)                 |  |  |  |
| Utility  | 300                 | 150 500                          |                                       | 200            | 100   | 1 000 1 0                 |                         |  |  |  |
| Design   | 200                 | 100 100                          |                                       | 130            | 65  | -                         |                         |  |  |  |
| Plant  | 200                 | 100 300                          |                                       | 160            | 80  |                           |                         |  |  |  |
| Reissue  | 300                 | 150 500                          |                                       | 600            | 300   |                           |                         |  |  |  |
| Provisional  | 200                 | 100 0                            | 0                                     | 0              | 0   |                           |                         |  |  |  |
| 2. EXCESS CLAIM FEES   |                     |                                  |                                       |                | •   | S                         | mall Entity             |  |  |  |
| Fee Description  |                     |                                  |                                       |                |   | Fee (\$)                  | Fee (\$)                |  |  |  |
| Each claim over 20 (include  | ding Reissues)      |                                  |                                       |                |   | 50                        | 25                      |  |  |  |
| Each independent claim or  |                     |                                  |                                       | 200            | 100   |                           |                         |  |  |  |
| Multiple dependent claims  | ;                   |                                  |                                       |                |   | 360                       | 180                     |  |  |  |
| Total Claims Extra   | Claims Fe           | ee (\$) Fee                      | Paid (\$)                             | Mu             | Multiple Dependent Claims                     |                           |                         |  |  |  |
| 20 =   | × _                 |                                  |                                       | <u>Fee</u>     | <u>• (\$)</u> <u>F</u>                        | ee Paid (\$)              |                         |  |  |  |
| Indep. Claims Extra  | Claims Fe           | no (\$) Fee                      | Paid (\$)                             |                |   |                           | -                       |  |  |  |
| 1 -3=  | x                   | ee (\$)                          | ι αια (ψ)                             |                |   |                           |                         |  |  |  |
| 3. APPLICATION SIZE FE   |                     |                                  |                                       |                |   |                           | •                       |  |  |  |
| If the specification and d   | rawings exceed      | 1 100 sheets of paper            | (excluding elect                      | ronically file | ed sequence or o                              | computer                  |                         |  |  |  |
| listings under 37 CFR  | 1.52(e)), the a     | pplication size fee di           | ue is \$250 (\$125                    | for small en   | tity) for each ad                             | Iditional 50              |                         |  |  |  |
| sheets or fraction ther  |                     | `,`,`,                           | ` '                                   |                |   |                           |                         |  |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)      |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| - 100 = /50 (round up to a whole number) x =<br>4. OTHER FEE(S) Fees Paid (\$)                         |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00             |                     |                                  |                                       |                |   |                           |                         |  |  |  |
| SUBMITTED BY   | 77                  |                                  |                                       |                |   |                           |                         |  |  |  |
| Signature  | フィス                 |                                  | Registration No.                      | 40,949         | Telephone                                     | (202) 955-                | -3750                   |  |  |  |